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### **AR8453**

# Arkansas Individual Income Tax Declaration for Electronic Filing

2004

	For the tax yea	r January 1 - Dec	ember 31, 2004		
	First Name and Initial	Last Name(s)		Your Social Security#	
USE				•	
STATE	Present Address			Spouse's Social Security #	
LABEL	T TOSSIN NO. ISSU			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR					
PRINT	City, Town or Post Office Box, State and Zip Code			Telephone Number	
PART 1	TAX RETURN INFORMATION (Who	ole Dollars Only)		<u> </u>	
1. Tota	al Income (Form AR1000 or AR1000NR, Line 22)		1		00
2. Net	Tax (Form AR1000 or AR1000NR, Line 52)		2		00
3. Stat	te Income Tax Withheld (Form AR1000 or AR1000NR, Line	e 53)	3		00
4. Ref	und (Form AR1000 or AR1000NR, Line 58)		4		00
			[ <u>-</u> ]		00
5. Tax	Due (Form AR1000 or AR1000NR, Line 62)  DECLARATION OF TAXPAYER				
6a.	I consent that my refund be directly deposited as design				
under the pof the electric sending my or transmitte the process was sent.	I do not want direct deposit of my refund or I am not red d a balance due return, I understand that if the state of Arkar icable interest and penalties. If I have filed a joint Federal a penalties of perjury, I declare that if the information I have gi ronic portion of my 2004 Arkansas income tax return. To the return, this declaration, and accompanying schedules and er an acknowledgement of receipt of transmission and an i ining of my return or refund is delayed, I authorize the State of four Signature  Date	nsas does not receive full a and state return and my fed even my ERO and the amo e best of my knowledge ar statements of the State of ndication of whether or not f Arkansas to disclose to m	eral return is rejected, I unde unts in Part I above agree wind belief, my return is true, co Arkansas. I also consent to th my return is accepted, and i	rstand my state return will be rejectiff the amounts on the corresponderect, and complete. I consent to the State of Arkansas sending my Efrejected, the reason(s) for the rejected.	cted also ding lines my ERC ERO and jection. I
PART 3	<del>-</del>	· · · · · · · · · · · · · · · · · · ·			
collector, I u the taxpaye to be filed v accompany	at I have reviewed the above taxpayer's return and that the inderstand that I am not responsible for reviewing the taxpast's signature on Form AR8453 before submitting this return with the State of Arkansas. If I am also the Paid Preparring schedules and statements, and to the best of my knowl on of which the preparer has knowledge.	yer's return; I declare that in to the State of Arkansas, er, under penalties of per ledge and belief, they are to Check	Form AR8453 accurately refl and have provided the taxpa jury I declare that I have ex	ects the data on the return. I have yer with a copy of all forms and infi kamined the above taxpayer's re	obtained formation eturn and
ERO'S	ERO'S Signature Date		<del></del>	Your SSN or PTIN	
Use Only					
Oilly	Firm's name and address			FEIN	
	alties of perjury, I declare that I have examined the above to they are true, correct and complete. This declaration is bas			tements, and to the best of my kn	owledge
Paid	Preparer's Signature Date	if self-		parer's SSN or PTIN	
reparer Use	5 i loparoi s digitaturo Date	employed	Pie	parer 3 John OF FIIN	
Only	Firm's name and address			FFIN	

#### **Special Information**

Direct Deposit will be offered on Electronically Filed Arkansas Individual Income Tax returns. This is restricted to Tax-payers that will receive a Federal refund and are using the Direct Deposit method for their Federal refund. You must use the same account that is being used for the Federal refund Direct Deposit.

Effective January 1, 2000, ERO's are **required** to retain the AR8453 forms along with original W-2 forms for 3 years from the original due date of the tax return except for the cases where forms AR1000RC5 and/or AR1000DC must be submitted to the State of Arkansas.

A copy of the AR8453 form must be sent along with these special forms. All taxpayers claiming the Disabled Individual Adjustment or the Developmentally Disabled Credit should have these schedules mailed or faxed to the E-File Office immediately after the Federal acknowledgment has been received. These schedules have required information that the E-File office needs in order to complete processing of the Arkansas Individual Income Tax return. ERO's should retain the original of the form AR8453 with the W-2 forms and other special form(s).

#### When And Where To File

Only the Austin and Memphis Service Centers will accept electronically filed returns beginning January 14, 2004. For more details, refer to Federal Publication 1345, Handbook for Electronic Filers of Individual Income Tax Returns, and the Arkansas Handbook, AR1345 for Electronic Filers (Tax Year 2004). It contains step-by-step instructions and complete addresses for each of these service centers.

#### **Line Instructions**

#### **Declaration Control Number (DCN)**

The DCN is a 14 digit number assigned to your return by your on-line service provider and/or transmitter. It is included in your acknowledgment message. Clearly type or print the DCN in the top left corner of Form AR8453. The first two digits are always "00". The next six digits are the electronic filer identification number (EFIN). The next five digits are the batch number and serial number. The "5" represents the year the return is filed (2005).

Boxes	<u>Entry</u>
1-2	File identification number (always "00")
3-8	Electronic Filer Identification Number (EFIN) assigned by the IRS
9-11	Batch Number (000 to 999) Assigned by the ERO
12-13 14	Serial Number (00 to 99) Assigned by the ERO Year digit (for 2004 the digit is "5")

**Example:** The EFIN is 710001. The batch number is 000. The serial number is 56. The DCN is 00-710001-00056-5.

Name, Address, and Social Security Number: If the taxpayer received a mailing label from the State of Arkansas, place the label in the name area. Cross out any errors and print the correct information. Add any missing items, such as apartment number. If the taxpayer did not receive a mailing label, print or type the information in the spaces provided. Please verify that the social security number (SSN) is clear and correct. An incorrect or missing SSN may delay any refund. If a joint return, be sure the names and SSNs are listed in the same order.

**P. O. Box:** If the Post Office does not deliver mail to your home and you have a P. O. Box, enter the box number instead of the home address.

**Note:** The address must match the address shown on the electronically filed Form AR1000.

#### Part I - Tax Return Information

**Line 3.** Include any State of Arkansas withholding from Form(s) 1099 in the amount you enter on line 3.

#### Part III - Declaration of Taxpayer

The taxpayer's signature allows the State of Arkansas to disclose to the ERO and/or the transmitter the reason(s) for a delay in processing the return or refund.

If the ERO makes changes to the electronic return after Form AR8453 has been signed by the taxpayer but before it is transmitted, the ERO must have the taxpayer complete and sign a corrected Form AR8453 if either of the following applies:

The total income on line 1 differs from the amount on the electronic return by more than \$25.00, or

The total tax on Line 2, the refund on Line 4, or tax due on Line 5 differs from the amount on the electronic return by more than \$7.00.

## Part IV – Declaration of Electronic Return Originator (ERO) and Paid Preparer

The State of Arkansas requires the ERO's signature.

A paid preparer must sign Form AR8453 in the space for **Paid Preparer's Use Only.** Only handwritten signatures are acceptable. If the paid preparer is also the ERO, do not complete the paid preparer's section. Instead, check the box labeled "Check if also paid preparer."

**Refunds:** After the State of Arkansas has accepted the return, the refund should be issued within 10 days. However, some refunds may be temporarily delayed as a result of compliance reviews to ensure that the returns are accurate.